THE INFECTIONS OF BONE, PERIOSTEUM, JOINTS, AND FASCIAS BY THE POISON OF INFLUENZA.

A very interesting and timely observation has been made by FRANKE (*Archiv für klin. Chir.*, 1895, Band xlix. Heft 3) concerning the forms of osteitis, periostitis, and inflammations of the plantar fascia and joints that accompany or follow attacks of influenza. He reports in detail twenty cases of very great interest. The disease manifests itself in the fascias, principally in the plantar fascia, which becomes thickened and sensitive to pressure, and renders standing and walking painful, while it is relieved on lying down. Another manifestation, the author believes, is seen in the condition described by Albert as "Achillodynie," where the insertion of the tendo Achillis becomes the seat of a periostitis without any definite history of injury or traumatism. The inflammation is most frequently seen in the bone and periosteum, where it may either produce simple œdema and swelling, or may go on to suppuration without resolution taking place. The involvement of fascias is next in frequency of occurrence, while instances of a pure arthritis of this description are very rare. The disease may manifest itself three or four days after an attack of influenza, or it may not appear for weeks after the attack. It is more liable to be found after a second attack or in patients who have been the subjects of a series of attacks. The stubbornness with which the disease resists all methods of treatment should lead one to suspect its etiology, and a history of previous attacks of influenza or indications of a concurrent attack should confirm the diagnosis. The best treatment is moisture, with warmth, followed by massage, with appropriate treatment in case of suppuration.

THE CURE OF CANCER BY SERUM THERAPY.

EMMERICH and SCHOLL (*Deut. med. Woch.*, April 25, 1895) in following up the discovery of various well-known authors, that erysipelas has a direct influence upon cancer when it arises concurrently with it, have demonstrated that anthrax can be cured by the use of a serum derived from animals infected artificially with erysipelas. This fact and the conclusion to be drawn from it, that the bacillus of anthrax was destroyed by some property of the serum within the blood of the patient, lead them to believe that the cure of cancer by erysipelas is to be attributed to a like cause, and that serum from infected animals would produce the desired result as well as the filtrate from virulent bouillon culture of erysipelas cocci, as used by Coley, and without the dangerous symptoms which accompany that method of treatment. In their experiments and clinical research they therefore employed a serum derived from sheep infected with erysipelas; this was drawn with aseptic precautions, filtered through the Chamberland or Arsonval bacterial filter, and the serum preserved aseptically in a darkened chamber till used. They obtained lasting results, whose clinical history they detail except in two cases, one of secondary infection and the other in which suppuration was going on, and in both of which the disease had progressed too far.

In their clinical research they found that the age of the cancer had more effect than the kind upon the result, but they believe they have found a specific for the disease and probably also for sarcoma. The dose varied with the size of the tumor and other conditions, especially the condition and age of the patient. Small tumors required fifteen minims to one drachm daily. Sometimes two drachms and even an ounce was injected at different points into the tumor. Small doses produced no pain of moment, while repeated injections produced pain that lasted only a short time. Large amounts injected into hard tumors caused somewhat greater pain, but it lasted only a few hours. Fever was absent except when large amounts were employed, and then was of moderate degree and short duration. There was no interference with digestion or appetite, nor was headache complained of by the patients. The injection produced a local aseptic erysipelas with slight redness and local œdema.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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INFLAMMATION OF THE RETINA FROM HEREDITARY SYPHILIS.

J. HIRSCHBERG (Berlin) calls attention to the practical importance of this form of retinitis (*Deutsche med. Wochenschr.*, 1895, No. 26). Careful examination shows it occurs about once in one thousand patients with eye disease, corneal inflammation from the same cause occurring in about six of a thousand of such patients. It frequently occurs with the corneal disease. He has observed it early in one-seventh of his corneal cases in the first year of life. He urges the need of a careful ophthalmoscopic examination in these cases.

Various forms of fundus-change are produced. More frequently than one should suppose from the literature, the periphery of the fundus is studded with light rose-colored and later whitish specks. Frequently one observes parti-colored or dark specks in the retina; not so important when they lie in the periphery, or at least not exactly at the fovea. In other cases the periphery is paved with light (atrophic) spots, the pigmentation of these spots being slight. Not rarely is encountered the picture of the so-called areolar retinitis, the round, light, pigment-margined spots strewn over the eye-ground. In many cases the spots are of the various characters referred to; the various types are mixed.

An important fact, hitherto mostly overlooked, is that the development of the pigment-changes in the eye-ground may continue for years after the cure of the corneal inflammation. When the region of the macula is involved in